

GUEST EDITORIAL

Tribute to Ernest M. Burgess, MD, PhD
October 29, 1911–September 27, 2000

My first encounter with Dr. Ernest Burgess was in 1966. As a student nurse, and amputee of two years, I had become aware of his work. My orthopedic patients at Harborview were wearing an immediate fit cast system that he was promoting. They complained of the bulkiness of it, but were up walking the first week and seemed to have quicker healing and much less swelling than I had experienced. I needed a new prosthesis and was curious to meet this man, so I set up an appointment at his office.

His warm smile and sparkling blue eyes added to my positive first impression of this efficient, high-energy man. His evaluation of my shortened right leg was thorough and keenly displayed his years of knowledge and expertise in this field.

Prosthetic Research Study

A few years later, as I worked as the orthopedic night nurse at Harborview, I contacted him. He and Shirley Forsgren were working on a program to develop better prosthetic care for amputees through a program called the Prosthetic Research Study. It has been underway since 1964, the year of my own limb loss.

I was curious about his work and was developing an understandable growing interest in improving care for amputees myself. There were regular professional meetings, which he chaired and to which I was invited at PRS. He promoted so many areas of research that improved life quality for us amputees (wound healing, surgical approach, prosthetics, diabetic care, sports and recreation, cosmesis, *et cetera*). My impressions and opinions were always given careful consideration by Dr. B. and the team.

PRS was also a program that Dr. B. used to reach out to the amputees of the world. When one of our Amputee Soccer Tournaments occurred here in Seattle, we brought in players from the El Salvador and Brazilian teams to meet him. Many of them were provided state-of-the-art limbs to replace their ill-fitting models.

Ultimately, Dr. B. expanded the impact of PRS through the Prosthetic Outreach Foundation

to further pursue prosthetic care to amputees, especially in Third World countries. This man of vision seemed to see no boundaries to what could be and should be done for the population who were trying to make it in a world geared for function with four intact limbs. I expect there are people on every continent that owe a measure of their comfort, recreation, and productive ability to Dr. Burgess. I know I do.

Harborview Limb Viability Service

In 1979 I approached Dr. Burgess regarding my desire to provide better care for the amputees who came through Harborview. I had attempted to get a program funded through the hospital to focus on this population, but I was told the budget wouldn't allow it. I knew that some of the PRS budget came through government grants and asked him how I might pursue a grant for this program.

He was immediately enthused about the idea. Improving amputee care and management was always a priority to him. "How about if I fund the program (meaning my wages) for the first year?" I was totally astonished that anyone would make such an offer.

We met with the Chief of the Orthopaedic Department, Dr. Sigvard T. Hansen, Jr., and the Vascular attending surgeon, Dr. Kaj Johansen, at Harborview. By September of 1979, the Limb Viability Service was underway. Dr. Burgess would join us for weekly rounds as often as he could.

What a privilege it was to watch his patient interaction. He was brief and enthusiastic, almost abrupt in my mind, as he gave his words of encouragement and moved on to the next patient. His reputation had preceded him, and I often heard patients remark at how wonderful their contact with him had been. He always believed that patient motivation was a crucial factor to recovery, and he had the gift of providing that very motivation to the receptive ones.

One story I heard about had occurred in the Emergency Room. A young man had experienced a severe limb trauma and was lying on a

stretcher in an area curtained off from other patients. As Dr. Burgess evaluated his unsalvageable limb, he told of the many activities he would still be able to do with a prosthetic leg: dancing, skiing, climbing, racquetball, running, *et cetera*. The young man, still in shock, did not respond immediately, but a voice from the other side of the curtain said plainly, "Hey, I'd like to have one of those legs too!"

Part of my job was to coordinate patient care and provide appropriate referrals. One of my connections was to request Dr. Burgess's consultation in the OR. I was never sure who was the happiest with this arrangement: Dr. Burgess, the other surgeons (who seemed to delight in his teachings), or the patients (who were beyond grateful to have "the master" involved).

The Seattle Foot

In the very early 1980s, Dr. Burgess was working on a prosthetic foot project. He wanted to see a foot that would absorb the impact of a step while providing an added push off for the wearer. At the same time, there was only a hard rubber foot with a wooden inner keel available. He invited me to try out the prototype. I believe I was the first one to wear his "Seattle Foot." My input about providing toes for cosmetic purposes became an important added feature.

This foot enhanced my life, as well as the lives of many other lower-limb amputees. I remember the tears coming to my eyes as I was able to skip and jump rope with my young daughter for the first time. It was like a piece of what I had lost had been given back to me.

Probably the greatest achievement of this foot was that it triggered the development of a

whole line of new prosthetic feet. Most had some type of energy-storing ability and many provided the opportunity to pursue a whole range of previously unattainable activities.

Things He Taught Me

In summary, I cannot overstate the gratitude I feel for the privilege of knowing Dr. Ernest Burgess. He impacted my life physically, vocationally, emotionally, and even spiritually.

I was a first-hand recipient of the tangible prosthetic enhancements he initiated. They allowed me more activity with less effort and discomfort. My quality of life was immeasurably enhanced.

Vocationally he demonstrated that one should continue to be productive throughout life. I hope to be like him and positively impact people's lives by sharing the skills and experience I have been given for as long as possible.

Look for the positive factors of others' ability and character, then verbalize your praise to them and to others. This gift of motivation can be passed on with a relatively brief encounter.

Finally, be prepared to leave this life when it is your time. Faith in Jesus provides for a peaceful and hope-filled entrance to the next life. This faith provides me with the confidence that when I see Dr. B. again, his stroke and my amputation will be a part of forgotten history. We'll have a good visit as we consider new ways to demonstrate our love for people.

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